HTE# 09-5-22643R

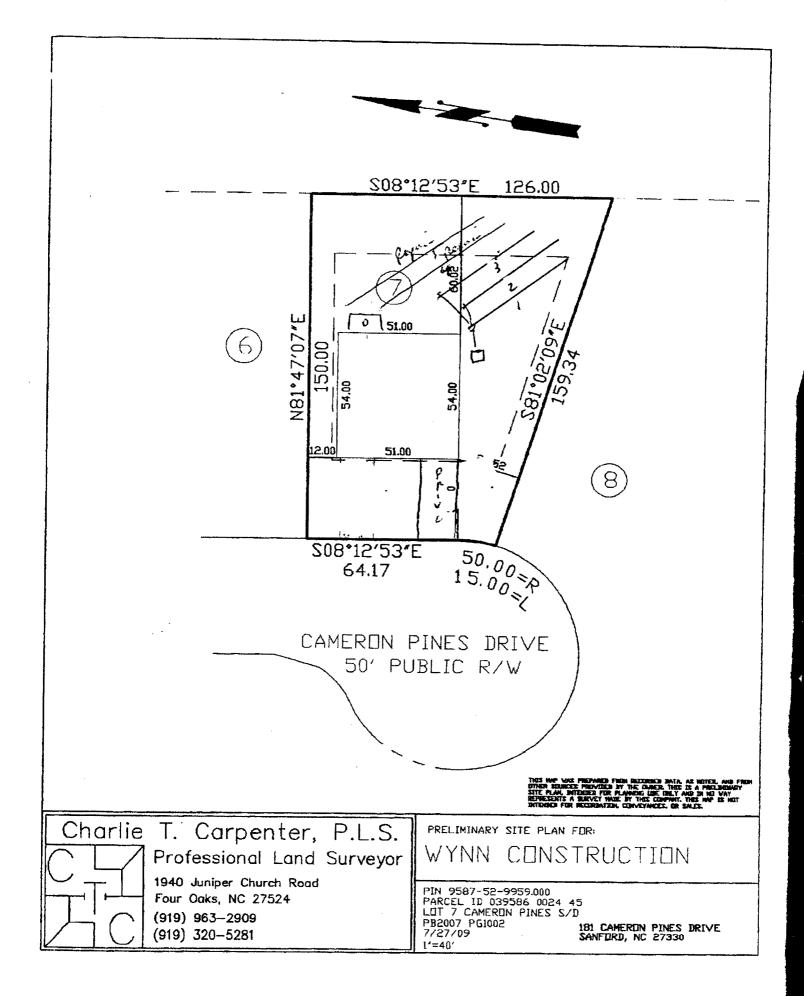
Harnett County Department of Public Health

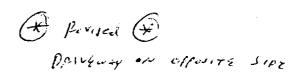
25806

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

• .		Ffalo Lake Rd.				
ISSUED TO: James Wiggs	SUBDIVISION Came	n.	LOT # 7			
NEW ☑ REPAIR □ . EXPANSION □	Site Improven	ments required prior to Construction Author				
Type of Structure: SFD 50,637'						
Proposed Wastewater System Type:	•					
Projected Daily Flow: 760 GPD	***************************************					
Number of bedrooms: Number of Occupants:	max					
Basement Yes No						
Pump Required: Tes No May be required based on final I	cation and elevations of facilities	es				
Type of Water Supply: Community Public Well Distan	e from well1	feet Permit valid for:	Five years			
Permit conditions:			☐ No expiration			
Authorized State Agent: Luga Milwin KEH	Date: /2/8/2	2 400	TACIED CITE CHETCH			
The issuance of this permit by the Health Department in no way guarantees the issuance of other	nermits The nermit holder is resonanti	ble for charling with appropriate assuming hadies in	TACHED SITE SKETCH			
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	ermit shall not be affected by a chang	ge in ownership of the site. This permit is subject to	meeting their requirements. This			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	,	, and the same parameter subject to	compliance with the provisions of			
Constr	iction Authorization	on				
	ired for Building Permit)	<u> </u>				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957,	1958 and 1959 are incorporated by	references into this nermit and shall be met Sustanu	chall be installed in accordance			
with the attached system layout.	and in so are meorpolated by	references into this permit and shan be met systems	shall be installed in accordance			
eccurp to T. (.)		2551120				
ISSUED TO: James Wiggs	PROPERTY LOCATION: 、	Buffalo Lake Rd. eron finer				
- CCN C			LOT # <u></u>			
Facility Type: SFD New	Expansion	Repair				
Basement? Yes No Basement Fixtures? Yes	□ No					
Type of Wastewater System**		(Initial) Wastewater Flow:	366 GPD			
(See note below, if applicable □)		,				
conventional	(Repair)					
Installation Requirements/Conditions Number of trench	~ ` ' '					
Septic Tank Size/OOO gallons	ich trench 50	feet Trench Spacing: 9	Feet on Center			
	installed on contour at a		inches			
- · · · · ·	Depth of: 24 i					
	hall be level to +/-1/4"	,				
in all directions)	itali be level to 1/4//4	36" above the trench bott	om)			
Pump Requirements:ft. TDH vs GPM		(
rump nequirementsit. 1DII 43 GITI		3	inches below pipe			
Conditions: Permit based on soil consultants		Aggregate Depth:	inches above pipe			
All himself based of 301 Constitutes	broborn 110	OF ITEN _	inches total			
Allowed in system for Repair Areas wa		e 10th tran any par	<u>+ + +</u>			
efficientem. Kun drainlines on C	ontour X See	2 Attachment for	JKetch			
**If applicable: I understand the system type specified is different from to	e type specified on the appl	lication. I accept the specifications of t	his permit.			
	•	, ,	,			
Owner/Legal Representative Signature:		Date:				
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use cl	anges. The Construction Authorization sl	hall not be transferred when there is a change in ov	vnership of the site. This			
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Se	vage Treatment and Disposal and to th	te conditions of this permit.	ATTACHED SITE SKETCH			
216		1				
Authorized State Agents Sura Main KE	<i>4Ĵ</i> ,	Date: 12/1/2009				
Construction Authorization Expiration Date: 12/8/2014						





SOUTHEASTEN SOIL & ENVIRONMENTAL ASSOC, INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

	SUBDIVIS	ION CAMELON FINE	<u> </u>	tor 7
	INITIAL S	YSTEM CONVENTION	· AC	REPAIR CONVENTIONAL
	DISTRIBU	TION D. hox	·	DISTRIBUTION A-Jex
	BENCHM	ARK 100, 0		LOCATION rear some
	NO. BEDR	ROOMS 3	- p	roposed 670AR = 0.8 grd /67
	LINE	FLAG COLOR	ELEVATION	ACTUAL LENGTH
	<u> </u>	e G	101, 33	50'
Intine C	$\frac{1}{3}$	C	18,81	50' 150'
			42.5	
	5	B	97,50	75'
	•			
Trace /	•	1 GAKER	DATE	11/25/09
TYR Krote	is (17, ug	1 seliment	- yord filled	in on back lett
C/2 >	,		no more 14;	
V(TUS 12) a.c.			